

Appendix B

VANDERBILT UNIVERSITY MEDICAL CENTER STUDENT/INSTRUCTOR HEALTH SCREENING AND PREREQUISITE CHECKLIST

This checklist must be completed with supporting documentation attached and returned two weeks before the date placement will begin.

Last

Name: _____ **First Name:** _____

Social Security

Number: _____

School: _____

- In accordance with recommendations from the Centers for Disease Control ("CDC"), a two-step TB skin test is required. Student must provide written documentation of two (2) TB skin tests done within one year of the start date of the clinical, one of which needs to be within the past 3 months. If the second TB skin test is positive, a baseline chest X-ray will be required. If the second TB skin test is negative, TB skin testing will be performed annually thereafter.

Date of last TB skin tests: _____ Results: Negative Positive Documentation attached.

If positive, date and result of last chest X-ray: _____ Documentation attached.

- If born on or after January 1, 1957, provide written documentation of two (2) live measles (rubeola) vaccines given no less than one month apart, after the first birthday; or written documentation of a measles/mumps/rubella (MMR) vaccine since 1989, or written documentation of laboratory evidence of immunity to rubeola: date and result.

_____ MMR/Rubeola vaccine Documentation attached

_____ Rubeola infection Documentation attached

_____ MMR Rubeola vaccine not applicable. Date of Birth: _____

_____ Laboratory evidence of measles immunity attached

- Provide written documentation of a positive varicella (chicken pox) titer drawn from a reputable laboratory: date and result; or written documentation of two (2) varicella vaccines given no less than one month apart and a post vaccine titer.

Varicella titer Documentation attached

Varicella vaccine Documentation attached.

- Provide written documentation of completed series of three (3) Hepatitis-B vaccines, or provide written documentation of positive surface antibodies to hepatitis B, or documentation of informed refusal of the vaccine.

_____ Series begun, has had _____ of three (3) Hepatitis-B immunizations, Documentation attached

_____ Documentation of three (3) Hepatitis-B vaccinations attached

_____ Documentation of informed refusal of the vaccine attached

_____ Documentation of hepatitis B immunity attached

- Provide written documentation of laboratory evidence of immunity to rubella (German measles) and mumps date and result. These titers are not necessary if the student/nurse/instructor received at least one dose of MMR or one dose each of Rubella vaccine and Mumps vaccine.

_____ Immunity due to MMR or Rubella vaccine. Documentation attached.

___ Immunity to Rubella documented by positive titer. Documentation attached.

___ Immunity to Mumps documented by positive titer. Documentation attached.

6. It is recommended the student/nurse/instructor receive a tetanus/diphtheria booster if ten (10) years have elapsed since last booster.

Date of last booster. _____ Documentation attached.

7. Provide evidence of any other appropriate immunizations requested by Vanderbilt to be required in order to ensure that student/nurse/employee will not be a health hazard to patients and to protect the personal health of the student/nurse/employee/instructor

The following immunizations are needed:

8. Signature required by OSHA to acknowledge receipt of educational materials related to blood borne pathogens (Management of Occupational Exposures to Blood or Other Potentially Infectious Materials).

I have received the educational materials related to blood borne pathogens.

Signature (student/instructor)

9. Assurance that STUDENTS have health insurance satisfactory to Vanderbilt in effect during the term of their assignment at Vanderbilt.

___ Copy of health insurance card attached.

10. That STUDENTS are covered by liability insurance in a minimum amount of \$1,000,000/3,000,000 and provide Vanderbilt with certificate of said coverage prior to assignment at Vanderbilt.

___ Copy of individual liability insurance policy attached.

___ Student/instructor covered under school's liability insurance. Certificate of Insurance attached.

11. Verification of proof of proficiency in cardiac and pulmonary resuscitation (CPR) from either the **American Heart Association or the American Red Cross.**

___ Copy of CPR card (front and back) attached.

12. I have reviewed the above information and documentation and assure that the student's immunizations are in order. My signature is also representation that the referenced student has maintained a minimum grade of seventy-five percent (75%) in all PROGRAM NAME courses.

Instructor _____
Date

13. I have reviewed the results of the criminal background check and certify that none of the absolute bars to student's participation at Vanderbilt (as set forth in Appendix C of the internship agreement) were discovered. Vanderbilt does not require a copy of the criminal background check or any particulars beyond this certification.

Authorized Official of School _____
Date

To be completed by VUH Staff

___/___/___ Date received
___/___/___ Date sent to Employee Health
CPR current: YES NO
Student health insurance: YES NO
Liability insurance: YES NO

To be completed by Employee Health

The student's/instructor's health record is in order.
Initials: _____
 The student's/instructor's health record is incomplete. The following documentation is needed:
